

ORIGINAL

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION

Docket No. \_\_\_\_\_  
ICC Office Use Only

C III Communications, LLC  
Application for a certificate of  
interexchange authority  
to operate as a facilities  
based carrier of telecommunications  
services throughout the  
State of Illinois.

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03-0206

APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER  
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 75-3105020

C III Communications Operations, LLC

Address:

c/o Robert E. Stup, Jr.  
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.  
701 Pennsylvania Avenue, NW  
Suite 900  
Washington, DC 20004-2608

2. Authority Requested: (Mark all that apply) xxxxx 13-403 Facilities Based Interexchange

\_\_\_\_\_ 13-404 Resale of Local and/or Interexchange

\_\_\_\_\_ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

  x   Part 710 Uniform System of Accounts for Telecommunications Carriers

  x   Part 735 Procedures Governing the Establishment of Credit, Billing,  
Deposits, Termination of Service and Issuance of Telephone  
Directories for Local Exchange Telecommunications Carriers in the  
State of Illinois

\_\_\_\_\_ Section 735.180 Directories

\_\_\_\_\_ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
  - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
  - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
  - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Statewide

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Please see Exhibit 1.

7. Please check type of organization?

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	Date corporation was formed _____
	In what state? <input type="checkbox"/> Delaware _____
<input checked="" type="checkbox"/> Other (Specify) LLC	

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Please see Exhibit 2.

9. List jurisdictions in which Applicant is offering service(s).

None - Applications pending in all states.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details)    ☒ NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

\_\_\_\_\_ YES xxxxx NO

If YES, describe fully. \_\_\_\_\_

12. Has Applicant provided service under any other name?

\_\_\_\_\_ YES xxxxx NO

If YES, please list. \_\_\_\_\_

13. Will the Applicant keep its books and records in Illinois? \_\_\_\_\_ YES xxxxx NO

Applicant seeks permission to maintain books and records at the Applicant's corporate offices. Applicant will make its books and records available at the Commission upon request and at Applicant's cost.

#### **MANAGERIAL**

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Please see Exhibit 3.

15. List officers of Applicant.

Jerald L. Kent, President

Kim Larsen, Secretary

Martin D. Kerckhoff, Vice-President

\_\_\_\_\_

Lynn D. Anderson, Vice-President

\_\_\_\_\_

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? \_\_\_\_\_ YES xxxxx NO

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Monthly billing statements will be mailed to customers.

\_\_\_\_\_

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

See Exhibit 4.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? xxxxx YES \_\_\_\_\_ NO

20. What telephone number(s) would a customer use to contact your company?

1-800-422-1199

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

xxxxx YES \_\_\_\_\_ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Applicant complies with all federal and state anti-slamming and anti-cramming rules and regulations, including the requirement of signed LOAs and/or third party verification.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

\_\_\_\_\_ YES \_\_\_\_\_ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

xxxxx YES \_\_\_\_\_ NO

#### **FINANCIAL**

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Please see Exhibit 5.

#### **TECHNICAL**

26. Does Applicant utilize its own equipment and/or facilities? xxxxx YES \_\_\_\_\_ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

Please see Exhibit 6.

If NO, which facility provider(s)'s services does the Applicant intend to use?

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

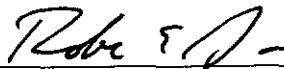
C III Ops proposes to provide a full range of data and voice products, including private line, IP services, ATM, Frame Relay, and switched long distance voice.

28. Will technical personnel be available at all times to assist customers with service problems?

xxxxx YES \_\_\_\_\_ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? \_\_\_\_\_ YES \_\_\_\_\_ NO

Not Applicable.



Robert E. Stup, Jr.  
Counsel and Authorized Representative

**AFFIDAVIT**

STATE OF MARYLAND )

COUNTY OF HOWARD )

) ss

I, Lynn D. Anderson, declare under penalty of perjury that I am Vice President of C III Communications, LLC and C III Communications Operations, LLC; that I have read the foregoing and any attachments and know the contents thereof; that the same are true to the best of my knowledge, except as to the matters that are therein stated on information or belief, and as to those matters I believe them to be true.

By: 

Lynn D. Anderson

Subscribed and sworn to before me  
this 24 day of March, 2003



